FEC FORM 1

020202002

STATEMENT OF ORGANIZATION

(See instructions)

_ . SÉCRETARY OF THE SENATE 11 APR 22 AM 9:56

Office use only

| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | one contents |
|--------------------------------|---|--|--|--------------------------|
| Bill Nelson for US | Senate | | 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | |
| | 972 W. Whitmire Drive | <u> </u> | | |
| ADDRESS (number and street) | 972 W. William Brive | <u>, </u> | | |
| (Check if address is changed) | | | | |
| lo changed) | Melbourne | | FL 32 | 935 |
| | • | CITY | STATE _ | ZIP CODE 📥 |
| COMMITTEE'S E-MAIL AD | DDRESS (Please provide only one e- | | | |
| (Check if address is changed) | gagnon500@cfl.rr.cor | n | | |
| | | | | |
| COMMITTEE'S WEB PAG | E ADDRESS (HDL) | | | |
| | http://nelsonforsenate | e.com | | J |
| (Check if address is changed) | | | | |
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| | | | • | |
| 2. DATE M M M 0.4 | 15 / YYYY Y | | | |
| 3. FEC IDENTIFICATION | N NUMBER | C00344051 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined | this Statement and to the best of my know | rledge and belief it is true, correct | and complete | |
| Type or Print Name of Trea | Peggy Gagnon | | | |
| Signature of Treasurer | Filed by Peggy Gag | non P. Sagan | Date 04 / D | 2011 |
| NOTE: Submission of false, e | rroneous, or incomplete information may | | | S.C. §437g. |
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